

Town of Springfield
Application for Access Permit

PERMIT #_____

Request for Permit at:

Address	Location												
Opening to be _____ feet East/West/North/South of Property Line At R/W Line	<table style="width: 100%;"><tr><td style="width: 33%;">LOCATION</td><td style="width: 33%;">TYPE OF ROAD</td><td style="width: 33%;"></td></tr><tr><td><input type="checkbox"/> County Road</td><td><input type="checkbox"/> Concrete</td><td><input type="checkbox"/> Dirt</td></tr><tr><td><input type="checkbox"/> Town Road</td><td><input type="checkbox"/> Black Top</td><td><input type="checkbox"/> Sod</td></tr><tr><td><input type="checkbox"/> Private Road</td><td><input type="checkbox"/> Blk Tp & Conc</td><td><input type="checkbox"/> Other</td></tr></table>	LOCATION	TYPE OF ROAD		<input type="checkbox"/> County Road	<input type="checkbox"/> Concrete	<input type="checkbox"/> Dirt	<input type="checkbox"/> Town Road	<input type="checkbox"/> Black Top	<input type="checkbox"/> Sod	<input type="checkbox"/> Private Road	<input type="checkbox"/> Blk Tp & Conc	<input type="checkbox"/> Other
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County Roads require an “Access Permit” be obtained from the Marquette County Highway Department at (608) 297-297-9127.

Include a detailed site plan showing where the driveway/access will be located and the distances to the nearest driveways and cross streets.

Date to be Completed

Purpose of Driveway_____

Owner/Applicant_____ **Phone**_____

Mailing Address_____ **City**_____

State_____ **Zip**_____ **Date**_____

PERMIT ISSUED FOR Driveway and or Access

The above request for permit has been granted on the following conditions:

- 1) The permit fees have been received.
Date Received_____ By:_____
- 2) This permit is granted for a period not to exceed 12 months
- 3) Other special provisions: _____

Approved by:_____ **Date:**_____

PERMIT # _____

Town of Springfield – Driveway & Access Permit \$75.00
Interim Driveway & Access Permit Application

